Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

							LATE INDEP	'ENDENTEX	CINDITURE	KEPOKI
NAME OF FILER Alliance for a Better Califororganizations	rnia, educators, firefighters, school e	mployees, healt	h care givers and	l labor	Date of This Fil		Date Stamp	CALIFO		196
			I.D. NUMBER (if applicable) 1273998		Report NoLIE-640		Dec. 1 67	For Official Use Only		
STREET ADDRESS					to Repo	ndment ort No	Page 1 of 7			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7				
1. List Only One Ca	andidate or Ballot Measu	re								
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR F	ELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Attach	additional info	rmation on appr	ropriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
10/11/2005	Office Expenses							\$221.93		
10/11/2005	Office Space							\$125.00		
10/11/2005	Office Expenses							\$9.56		
10/11/2005	Food for Volunteers							\$2.90		
10/11/2005	Office Expenses							\$12.50		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

organizations AREA CODE/PHONE NUM (916)443-7817 STREET ADDRESS CITY	ornia, educators, firefighters, school em	I.D. NUM 1273998	BER (if applicable		to Repo	No LIE-640 ndment ort No low)	Date Stamp Page 2 of 7	CALIFO FOR	RNIA	196
Sacramento		CA	95814		No. of F	Pages7				
	andidate or Ballot Measure	•			٦					
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attach a	dditional info	rmation on app	ropriately labe	eled continu	uation sheets.	•			
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/11/2005	Office Expenses							\$12.09		
10/11/2005	Office Expenses							\$49.87		
10/11/2005	Office Expenses							\$0.51		
10/11/2005	Food for Volunteers							\$2.12		
10/11/2005	Food for Volunteers							\$4.99		

Type or print in ink. Amounts may be rounded to whole dollars.

							LATE INDEP	'ENDENTEX	CINDITURE	KEPOKI
NAME OF FILER Alliance for a Better Califoroganizations	ornia, educators, firefighters, school emp	loyees, healtl	n care givers and	l labor	Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMBER (if applicable) 1273998			Report	No. LIE-640	D 2.67	For Official Use Only		
STREET ADDRESS					to Repo	ndment ort No	Page 3 of 7			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7				
1. List Only One Ca	andidate or Ballot Measure							·		
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR I	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Attach ad	Iditional info	rmation on appr	opriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
10/11/2005	Office Expenses							\$28.59		
10/11/2005	Food for Volunteers							\$1.38		
10/11/2005	Food for Volunteers							\$10.03		
10/11/2005	Food for Volunteers							\$2.91		
10/11/2005	Office Expenses							\$19.00		

Type or print in ink. Amounts may be rounded to whole dollars.

							LATE INDEP	ENDENT EX	CINDITURE	KEPORI
NAME OF FILER Alliance for a Better Califo organizations	rnia, educators, firefighters, school	l employees, healt	h care givers and	l labor	Date of This Fil	ı	Date Stamp	CALIFO FOR		196
AREA CODE/PHONE NUME (916)443-7817	BER	I.D. NUMI 1273998	SER (if applicable	e)	Report	NoLIE-640	D 4.67	For	Official Use	Only
STREET ADDRESS					to Repo	ndment ort No	Page 4 of 7			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7				
1. List Only One Ca	andidate or Ballot Meas	ure		·						
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR H	HELD/DISTRICT NO.		SUPPORT	OPPOSE	_	BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	penditures Made Atta	ch additional info	rmation on appr	opriately labe	eled continu	uation sheets.	•			
DATE			DE	SCRIPTION C	F EXPEND	TURE			AMOUNT	
10/11/2005	Office Expenses							\$3.88		
10/11/2005	Staff Expenses							\$7.41		
10/11/2005	Office Expenses							\$1.50		
10/11/2005	Office Expenses							\$44.83		
10/11/2005	Staff Expenses							\$15.15		

Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

							LATE INDEP	ENDENT EX	- EINDLI OKE	KEPOKI
NAME OF FILER Alliance for a Better California organizations	, educators, firefighters, school	employees, healt	h care givers and	l labor	Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMI 1273998	BER (if applicable	e)	Report	No. LIE-640	D 5 67	For	Official Use	Only
STREET ADDRESS					to Repo	ndment ort No	Page 5 of 7			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages7				
1. List Only One Cand	didate or Ballot Measu	ure		•				•		
NAME OF CANDIDATE SU	PPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR HEL	D/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exper	nditures Made Attac	ch additional info	rmation on appr	opriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/11/2005	Office Expenses							\$10.47		
10/11/2005	Office Expenses							\$3.03		
10/01/2005 - 10/22/2005	Support Services							\$179.31		
09/25/2005 - 10/22/2005	Staff Expenses							\$87.00		
10/11/2005	Office Space							\$37.50		

Type or print in ink. Amounts may be rounded to whole dollars.

							LATE INDEP	ENDENT EXPE	NDITURE	: REPORT
NAME OF FILER Alliance for a Better Californizations	ornia, educators, firefighters, scho	ool employees, health	care givers and	labor	Date of This Fil		Date Stamp	CALIFOR		196
AREA CODE/PHONE NUMB (916)443-7817	BER	I.D. NUME 1273998	ER (if applicable)	Report	No. LIE-640	D 6 67	For Of	ficial Use	Only
STREET ADDRESS					to Repo	endment ort No	Page 6 of 7			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	elow)				
1. List Only One Ca	andidate or Ballot Mea	asure						'		
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR I	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	oenditures Made A	ttach additional infor	mation on appr	opriately labe	eled continu	uation sheets.				
DATE			DES	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
10/11/2005	Office Space							\$58.75		
10/10/2005	Printing							\$274.76		

CALIFORNIA 496

NAME OF FILER
Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations

1.D. NUMBER (If applicable)
1273998

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/10/2005	CA Professional Firefighters Ballot Issues Committee Sacramento, CA 95833	☐ IND ☐ COM ☐ OTH ☐ PTY	,	\$10,990.33	If loan, enter interest rate, if any
	ID: 861767	scc			%
10/1/2005	CA Teachers Association Issues PAC Burlingame, CA 94010	☐ IND ☐ COM ☐ OTH ☐ PTY		\$7,172.08	If loan, enter interest rate, if any %
	ID: 880873	□ scc			
9/25/2005	CA Teachers Association Issues PAC Burlingame, CA 94010	☐ IND ☐ COM ☐ OTH ☐ PTY		\$3,480.00	If loan, enter interest rate, if any
	ID: 880873	scc			%
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH			If loan, enter interest rate, if any
		☐ PTY ☐ SCC			%
		☐ IND ☐ COM ☐ OTH			If loan, enter interest rate, if any
		☐ PTY ☐ SCC			%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772